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MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

09/389,393

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2						
3						
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46						
47	/					
48	/					
49						
50						
Total Indep	4					
Total Depend	25					
Total Claims	29					

* May be used for additional claims or amendments

*	*	*	*	*	*
	Indep	Depend	Indep	Depend	Indep
51					
52					
53					
54					
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56	/				
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100					
Total Indep					
Total Depend					
Total Claims					

TEST AVAILABLE COPY